

**STATE OF NEBRASKA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
SERVICE COORDINATOR**

SUPPLEMENTAL APPLICATION FORM ON ABILITIES AND EXPERIENCES

Name_____ **Social Security #**_____

Return to: DAS--State Personnel, 301 Centennial Mall South, P.O. Box 94905, Lincoln, NE 68509-4905

I understand that any false information in this application will be sufficient reason for rejection of my application or termination of my employment. I herewith authorize and request each and every former employer, person, firm, corporation and educational institution to answer any and all questions that may be asked and herewith hold such persons harmless for giving any information within their knowledge or records. I have the right to make a written request within a reasonable period of time for complete and accurate disclosure of additional information concerning the nature and scope of this investigation. In addition my signature on this application form will serve as authorization to release any and all information recorded on or attached to this application to any state or federal investigative agency.

INSTRUCTIONS: This supplemental form is meant to help you provide additional information about your experiences and abilities. It is your opportunity to tell the hiring team what you know and can do in relation to this position. You will be evaluated on your experiences and education and/or training. Be sure to include paid experiences, formal training and/or education, volunteer experience(s), internships and/or practicum experiences. Be sure that any information you give can be documented on your application or resume and you are prepared to discuss and elaborate upon the information in this supplemental form in the event that you are selected for an interview.

Please indicate with a X where you first learned of this position.

Newspaper____ **State Job Mart**____ **Radio**____ **Internet**____ **State Employee**____
Workforce Development Office____ **Job Fair**____ **Friend**____ **Other**____

Signature of Applicant_____ **Date**_____

THE FOLLOWING IS AN EXAMPLE HOW EACH QUESTION NEEDS TO BE ANSWERED COMPLETELY.

Education and Training: Please identify if you have education or training in each question by circling **NO** or **YES**. **NO**, refers to no education or training in this area and **YES**, indicates you have formal education or training in this area. Training can include workshops, in-services or conferences.

Work experience: For each question identify your level of work experience by circling the appropriate letter. Work experience includes paid work, internships, practicums or volunteer experiences.

A: no experience

B: less than one year experience or performing the task/skill at least once a month.

C: 1-3 years experience performing the task/skill at least once a week.

D: more than 3 years experience performing the task/skill at least once a week.

Place: For education and training list the school or training program attended. For work experience list the name of the company or organization for which you worked and your job title. You may list multiple education, training or work experiences.

Content: Briefly describe the job duties or responsibilities and/or the content of the education, training or experience.

Source: Write in the letter A for application or R for resume to indicate the main source of supporting information.

1. Participated/facilitated a team and/or group.		
Education or training: <u>yes</u> no	Work Experience: A B <u>C</u> D	Source: R
Place: XYZ organization- Facilitator of a family based team.		
Content: Worked with various professionals and family members on a team to establish family goals and implement those goals. Team met monthly to review the families' progress.		

Please complete each of the following 8 statements by describing your experience(s) and/or education that would be relevant to the Service Coordinator position.

1. Conducted interviews to collect client information, gain rapport and assess individual needs.
Education or training: yes no Work Experience: A B C D Source:
Place:
Content:

2. Describe your experience and/or education in teaching skills and/or habilitation with individuals with developmental disabilities.
Education or training: yes no Work Experience: A B C D Source:
Place:
Content:

3. Assessed strengths and needs of individuals and families.		
Education or training: yes no	Work Experience: A B C D	Source:
Place:		
Content:		

4. Documented observations and/or actions and/or narratives in a written report or case plan.		
Education or training: yes no	Work Experience: A B C D	Source:
Place:		
Content:		

5. Experience and/or education in locating resources based on individual/family needs.		
Education or training: yes no	Work Experience: A B C D	Source:
Place:		
Content:		

6. Experience and/or education in conflict resolution in a team setting.		
Education or training: yes no	Work Experience: A B C D	Source:
Place:		
Content:		

7. Describe your experience and/or education with multiple time lines and the frequency of those timelines.		
Education or training: yes no	Work Experience: A B C D	Source:
Place:		
Content:		

8. Describe your computer experience with the following.		
A. Word processing/spreadsheet:		
Education or training: yes no	Work Experience: A B C D	Source:
Place:		
Content:		

B. Electronic mail/Internet:		
Education or training: yes no	Work Experience: A B C D	Source:
Place:		
Content:		